

Global Data Transfer Form

- Instructions for completing the GDTF form

Section 1 – Client Information

Name of the Corporation as it is registered with American Express

Global Data Transfer Form

Please complete the information below if you require American Express to send data or data files to client affiliates, client nominated consolidators or Program Administrators.

1. Client Information

Client Registered Name
(Registered address not required):
Master Control Account or Basic Control Account
or American Express Company Number
or Company ID:

If you are an existing American Express Client, please provide this information. If you are a new client, insert TBD.

Six digit Company ID or Master/ Basic
Control account number issued to the
company



Section 2 – Data Recipients (Client Affiliates)

2. Data Recipients

If you would like to provide additional information, please provide details on Company letter headed paper, dated and signed, and submit with this form. Please include your Client account number on the attached document.

Client Affiliates

Please provide details of the client affiliates that you wish American Express to send data or data files on your behalf. For definition of affiliate please see footnote at end of page 3*.

Client Affiliate Name:	<input type="text"/>	
Client Affiliate Address:	<input type="text"/>	
	<input type="text"/>	
Postal Code / Zip Code:	<input type="text"/>	Country: <input type="text"/>
Client Affiliate Name:	<input type="text"/>	
Client Affiliate Address:	<input type="text"/>	
	<input type="text"/>	
Postal Code / Zip Code:	<input type="text"/>	Country: <input type="text"/>
Client Affiliate Name:	<input type="text"/>	
Client Affiliate Address:	<input type="text"/>	
	<input type="text"/>	
Postal Code / Zip Code:	<input type="text"/>	Country: <input type="text"/>

'Client Affiliates' field is Optional - Complete this section if data will be sent to a subsidiary or other legal entity.

* Please note: If there are more affiliates than the space allocated, please attach a list of additional affiliates on your Company Letterhead and have it signed by the authorized signatory and submitted with the form.



Section 2 – Data Recipients (Nominated Consolidator)

Nominated Consolidator

Please provide details of the nominated consolidator(s) that you wish American Express to send data files on your behalf. If there is not enough space, place additional Consolidators on company letter headed paper, dated and signed, and submit with this form. Also include your American Express Control Account Number or Company ID on the attached document.

Consolidator Name:	<input type="text"/>	
Consolidator Address:	<input type="text"/>	
	<input type="text"/>	
Postal Code / Zip Code:	<input type="text"/>	Country: <input type="text"/>

Consolidator Name:	<input type="text"/>	
Consolidator Address:	<input type="text"/>	
	<input type="text"/>	
Postal Code / Zip Code:	<input type="text"/>	Country: <input type="text"/>

‘Nominated Consolidator’ field is Optional. It applied when a 3rd party is to received the data from AmEx on behalf of the client.



Section 2 – Data Recipients (Country List)

Country List for Nominated Consolidators

Should you require data files to be transferred from one or more countries to your Consolidators and/or Affiliate, please list the countries below. **Please note at least one country must be listed in this section.** If not enough space, place additional countries on company letter headed paper, dated and signed, and submit with this form. Also include your American Express Control Account Number or Company ID on the attached document.

Provide the countries for which data files need to be setup. For example, USA or Canada.

* Please note: If the list of counties is longer than the space allocated on the form, please attach a list of counties on your **Company Letterhead** and have it signed and dated by the authorized signatory and submitted with the form. It is ok to add all countries in which you may send data even if not setting all up on data file initially.



Section 2 – Data Recipients (European Clients only)

Program Administrator
For European Clients only: Please note this section requires completion only where the Program Administrator is employed by a Client Affiliate or Program Administrator servicing center outside the European Economic Area (EEA) or whose correspondence address is outside the EEA. Please provide details of the Program Administrator's employee that you wish American Express to send data or data files on your behalf. If there is not enough space, place additional Program Administrator's details on company letter headed paper, dated and signed, and submit with this form. Also include your American Express Control Account Number or Company ID on the attached document.

Name of Company that Program Administrator is employed by:

Address of Company that Program Administrator is employed by:

Postal Code/Zip Code:

Country:

Name of Company that Program Administrator is employed by:

Address of Company that Program Administrator is employed by:

Postal Code/Zip Code:

Country:

'Programme Administrator'
section is Optional – For European Clients Only

**Please complete this section if a company employee will be accessing the data from the same company but from a different legal entity.*



Section 3 – Client Authorization

3. Client Authorization

I warrant that the information herein is correct and I will notify American Express of any changes. By signing this form I accept the Terms and Conditions provided with it. The person signing this form is legally authorized to do so and can bind the Client Company to this agreement.

Signature → **Authorized Signature**

Date → **D D M M Y Y**

Name → **Full First and Middle Name(s):**

Last Name:

Job Title:

Once completed, signed and dated, please return to your American Express Representative. For Concur, please return the completed form to cc-eOperator@concur.com. When sending documents via email, please remember that the internet can be insecure.

'Client Authorization' field needs to be completed by the authorized signatory. Please provide First/ Last Name & Job Title along with Date and Signature.

- *Please note that all the pages of GDTF form including terms & conditions should be sent for data file implementation requests.
- * Ensure the entire document is in readable format without any errors. In the case of any errors, please complete a new form.

